

Susan Jenness, Pro Se Intake Clerk
Reginald C. Lindsay, District Judge
United States District Court
1 Courthouse Way, Suite 2300
Office of The Clerk
Boston, MA. 02210

November 16, 2005

RE: Cryer v. Dennehy et al Case # 1:05-cv-11289 RCL

Dear Sir / Madam,

On November 15, 2005 I received from the U.S. Marshals Office nine (9) receipts for service upon nine (9) defendants (Attached Copies). However, Five (5) of these receipts (form USM-285) were returned with the Five (5) individual Complaints affixed to each other. These receipts and original unmailed Complaints were for the following defendants:

- ① Kathleen Dennehy
- ② Carol Mici
- ③ Greg Poladian
- ④ Tim Ranno
- ⑤ William Taylor.

The 120 day deadline for service of Complaints to the best of my knowledge is on the 25th of this month; I seek guidance at this time in order to properly serve these defendants, as I am unsure of what to do on this particular issue. However, I'm requesting the above individuals proper addresses from this administration as well as from the D.O.C. Counsel Nancy White. Please respond soon. Thanks!

In closing, I would like to request Ten (10) "Process" →

Receipt And Return - USM-285 Forms".

Note: The remarks made from the U.S. Marshals' office about each named defendant named above is as follows:

- ① Kathleen Denenberg - is located at Industrial Ave Norfolk Complex.
- ② Carol Mice - is located at Industrial Ave Norfolk Complex.
- ③ Greg Paladino - Defendant no longer at MCI Shirley or Souza Baranowski, C.C., maybe at Concord Farm.
- ④ Tina Ranne - Defendant is Retired From the D.O.C.
- ⑤ William Taylor - Defendant was terminated From MCI Shirley.

Respectfully Submitted,

Derek Sincere Black Wolf Cryer, Pro Se

Derek Sincere Black Wolf Cryer, Pro Se
MCI Shirley Medium

P.O. Box 1218 Harvard Road
Shirley, MA 01464

CC: File 1

P.S: Regarding time deadlines, do the weekends and Holidays apply or count as one day?

Shirley

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF

Derek Sincere Black Wolf Cryer

COURT CASE NUMBER

1:05-cv-11289

DEFENDANT

Kathleen Dennehy

TYPE OF PROCESS

Service of Summons (original)

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Kathleen Dennehy, Department of Corrections

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT

50 Maple Street - Suite 3 / M. Ford, MA. 01757-3698

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Derek Sincere Black Wolf Cryer
Mt. Shirley Medium
P.O. Box 1218 - Harvard Road
Shirley, MA. 01464Number of process to be
served with this Form - 2851Number of parties to be
served in this case9Check for service
on U.S.A.2005 OCT 12SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All
Telephone Numbers, and Estimated Times Available For Service):

Fold

(508) 422-3300Kathleen Dennehy is Commissioner of The Department of
Corrections.

Signature of Attorney or other Originator requesting service on behalf of:

Derek Sincere Black Wolf Cryer☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

N/A

DATE

8-20-05**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**I acknowledge receipt for the total
number of process indicated.
(Sign only first USM 285 if more
than one USM 285 is submitted)

Total Process

1District
of OriginNo. 38District
to ServeNo. 38

Signature of Authorized USMS Deputy or Clerk

Handy Delaney

Date

10/12/05I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and dis-
cretion then residing in the defendant's
usual place of abode.

Address (complete only if different than shown above)

Date of Service

Time

am

pm

Signature of U.S. Marshal or Deputy

Service Fee

45.00Total Mileage Charges
(including endeavors)

Forwarding Fee

8.00

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

REMARKS:

Personnel to USM Worcester 10/12/05 at10/14/05 Kathleen Dennehy CBIndustrial Ave Worcester**NOTE**

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF <u>Derek Sincere Black Wolf Cryer</u>	COURT CASE NUMBER <u>1:05-cv-11289</u>
DEFENDANT <u>Carol Mici</u>	TYPE OF PROCESS <u>Service of Summons (Original)</u>
SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Carol Mici, Department of Corrections</u>	
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>50 Maple Street - Suite 3 - Milford, MA 01757-3698</u>	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	<u>1</u>
<u>Derek Sincere Black Wolf Cryer</u> <u>MCI - Shirley medium</u> <u>P.O. Box 1218 - Harvard Road</u> <u>Shirley, MA 01464</u>		Number of parties to be served in this case	<u>9</u>
		Check for service on U.S.A.	<u>2005 OCT 12</u>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

(508) 422-3300

Carol Mici is The Head of Classification

Fold

Signature of Attorney or other Originator requesting service on behalf of: <u>Derek Sincere Black Wolf Cryer</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <u>N/A</u>	DATE <u>8-20-05</u>
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>38</u>	District to Serve No. <u>28</u>	Signature of Authorized USMS Deputy or Clerk <u>Nancy Belandier</u>	Date <u>10/20/05</u>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.									
Address (complete only if different than shown above)	<table border="1"> <tr> <td>Date of Service</td> <td>Time</td> <td>am</td> </tr> <tr> <td></td> <td></td> <td>pm</td> </tr> <tr> <td colspan="3">Signature of U.S. Marshal or Deputy</td> </tr> </table>	Date of Service	Time	am			pm	Signature of U.S. Marshal or Deputy		
Date of Service	Time	am								
		pm								
Signature of U.S. Marshal or Deputy										

Service Fee <u>45.00</u>	Total Mileage Charges (including endeavors)	Forwarding Fee <u>8.00</u>	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: Forwarded USA Work to 10/20/05 at

NOTEPRIOR EDITIONS
MAY BE USED**3. NOTICE OF SERVICE**

FORM USM-285 (Rev. 12/15/80)

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF Derek Sincere Black Wolf Cryer	COURT CASE NUMBER 1:05-cv-11289
DEFENDANT Greg Poladian	TYPE OF PROCESS Service of Summons (Original)
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Greg Poladian, Department of Correction
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) MCI - Shirley Medium - Box 1218 - Harvard Road - Shirley, MA 01464

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: Derek Sincere Black Wolf Cryer MCI - Shirley Medium P.O. Box 1218 - Harvard Road Shirley, MA 01464	Number of process to be served with this Form - 285 1
	Number of parties to be served in this case 9
	Check for service on U.S.A. NOV 12 2005

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
 Fold
Greg Poladian is the Prior Disciplinary Sergeant at MCI - Shirley Medium Tel. # (978) 425-4341, And an Employee of the Department of Corrections Tel. # (508) 422-3300

Signature of Attorney or other Originator requesting service on behalf of: Derek Sincere Black Wolf Cryer	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER N/A	DATE 8.30.05
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 38	District to Serve No. 38	Signature of Authorized USMS Deputy or Clerk Nancy Jalawera	Date 10/12/05
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service 10/16
	Time am
	Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: **Fwd to BM Worcester 10/12/05**
10/16 - Defendant no longer at MCI Shirley or Shirley Correctional C.C., may be at Concord Farm C.C.

NOTE

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF

Derek Sincere Black Wolf Cryer

COURT CASE NUMBER

1:05-cv-11289

DEFENDANT

Tina Ranno

TYPE OF PROCESS

Service of Summons (Original)**SERVE**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Justina (Tina) Ranno, Department of Correction

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

ATMCI-Shirley Medium - Box 1218 - Harvard Road - Shirley, MA 01464

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Derek Sincere Black Wolf Cryer
MCI-Shirley Medium
P.O. Box 1218 - Harvard Road
Shirley, MA 01464

Number of process to be served with this Form 285

1

Number of parties to be served in this case

9

Check for service on U.S.A.

A

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

The Above named defendant's official Government Name is "Justina A. Ranno" and is a Guard at MCI-Shirley Medium. Tel. # (978) 425-4341, And an Employee of The Department of Corrections. Tel. # (508) 422-3300

Signature of Attorney or other Originator requesting service on behalf of:

Derek Sincere Black Wolf Cryer☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

N/A

DATE

8-20-05**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**I acknowledge receipt for the total number of process indicated.
(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

No. 38

District to Serve

No. 38

Signature of Authorized USMS Deputy or Clerk

Karen J. Lawrence

Date

10/12/05I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service

Time

pm

Signature of U.S. Marshal or Deputy

Service Fee

45.00

Total Mileage Charges (including endeavors)

Forwarding Fee

8.00

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

REMARKS:

Forwarded to USM Worcester for service at 10/20. Defendant is not in custody from the D.O.**NOTE**

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF <i>Derek Sincere Black Wolf Cayer</i>		COURT CASE NUMBER <i>1:05-cv-11289</i>
DEFENDANT <i>William Taylor</i>		TYPE OF PROCESS <i>Service of Summons (Original)</i>
SERVE ➡	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>William Taylor, Department of Correction</i>	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>MCI-Shirley Medium - Box 1218 - Harvard Road - Shirley, MA 01464</i>	
AT		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: <i>Derek Sincere Black Wolf Cayer MCI-Shirley Medium P.O. Box 1218 - Harvard Road Shirley, MA 01464</i>		Number of process to be served with this Form - 285 <i>1</i>	FOLD SERVICE
		Number of parties to be served in this case <i>9</i>	
		Check for service on U.S.A. <i>946</i>	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

William Taylor is a Guard For The Department of Correction. I have not seen him lately and wonder if He's been Transferred to Another Prison. To find out for sure you can contact MCI-Shirley Medium at (978) 425-4341 or Kathleen Deane, Commissioner at (508) 422-3300

Signature of Attorney or other Originator requesting service on behalf of: <i>Derek Sincere Black Wolf Cayer</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <i>N/A</i>	DATE <i>8-20-05</i>
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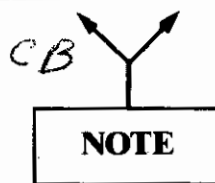
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <i>1</i>	District of Origin <i>38</i> No.	District to Serve <i>38</i> No.	Signature of Authorized USMS Deputy or Clerk <i>Nancy Salame</i>	Date <i>10/12/05</i>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service Time am pm
	Signature of U.S. Marshal or Deputy

Service Fee <i>45.00</i>	Total Mileage Charges (including endeavors)	Forwarding Fee <i>8.00</i>	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: *Forwarded to USA at Worcester 10/12/05 at**4/26 Defendant was terminated from MCI Shirley.***NOTE**

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF <u>Derek Sincere Black Wolf Cryer</u>		COURT CASE NUMBER <u>1:05-cv-11289</u>	
DEFENDANT <u>Michael Thompson</u>		TYPE OF PROCESS <u>Service of Summons (original)</u>	
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Michael Thompson, Department of Corrections</u>		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>MCI Shirley Medium - Box 1218 Harvard Road - Shirley, MA. 01464</u>		
AT			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	<u>1</u>
<u>Derek Sincere Black Wolf Cryer</u> <u>MCI-Shirley Medium</u> <u>P.O. Box 1218 - Harvard Road</u> <u>Shirley, MA. 01464</u>		Number of parties to be served in this case	<u>9</u>
		Check for service on U.S.A.	<u>12</u>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Michael Thompson is The Superintendent at MCI Shirley Medium
(978) 425-4341 Ext. 4101

Signature of Attorney or other Originator requesting service on behalf of:

Derek Sincere Black Wolf Cryer
☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

N/A

DATE

8.20.05**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>38</u>	District to Serve No. <u>38</u>	Signature of Authorized USMS Deputy or Clerk <u>Nancy Salame</u>	Date <u>10/12/05</u>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Desiree Monaco HR

Address (complete only if different than shown above)

☒ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service <u>10/26/05</u>	Time <u>1100</u> am
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Signature of U.S. Marshal or Deputy
[Signature]

Service Fee <u>45.00</u>	Total Mileage Charges (including endeavors) <u>8.00</u>	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: Fud to USM Worcester 10/12/05 at

NOTE

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF <u>Derek Sincere Black Wolf Cayer</u>	COURT CASE NUMBER <u>1:05-CV-11289</u>
DEFENDANT <u>Mac Robinson</u>	TYPE OF PROCESS <u>Service of Summons (Original)</u>
SERVE  NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Mary (MAE) Robinson, Department of Correction</u>	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>MCI - Shirley Medium - Box 1218 - Harvard Road - Shirley, MA, 01464</u>	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: <u>Derek Sincere Black Wolf Cayer</u> <u>MCI - Shirley Medium</u> <u>P.O. Box 1218 - Harvard Road</u> <u>Shirley, MA 01464</u>	Number of process to be served with this Form - 285 <u>1</u>	US Marshal Service
	Number of parties to be served in this case <u>9</u>	
	Check for service on U.S.A. <u>12 A</u>	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

The Above Named Defendants Official Government name is "Mary Ellen Robinson" To the best of my knowledge. She is the Disciplinary Sergeant At MCI-Shirley Medium.
(978) 425-4341

Signature of Attorney or other Originator requesting service on behalf of: <u>Derek Sincere Black Wolf Cayer</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <u>N/A</u>	DATE <u>8.20.05</u>
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>28</u>	District to Serve No. <u>28</u>	Signature of Authorized USMS Deputy or Clerk <u>Mary Ellen Robinson</u>	Date <u>10/12/05</u>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) <u>Desiree Monaco HR</u>	<input checked="" type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.					
Address (complete only if different than shown above)	Date of Service <u>8/20/05</u> Time <u>1100</u> <u>am</u>					
	Signature of U.S. Marshal or Deputy <u>[Signature]</u>					
Service Fee <u>45.00</u>	Total Mileage Charges (including endeavors) <u>8.00</u>	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS: Find to USA Marshal 10/12/05**NOTE**

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF <u>Derek Sincere Black Wolf Cryer</u>	COURT CASE NUMBER <u>1:05-cv-11289</u>
DEFENDANT <u>Greg McCann</u>	TYPE OF PROCESS <u>Service of Summons (Original)</u>
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Greg McCann, Department of Corrections</u>
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>MCI - Shirley Medium - Box 1218 Harvard Road - Shirley, MA 01464</u>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Derek Sincere Black Wolf Cryer
MCI - Shirley Medium
PO Box 1218 - Harvard Road
Shirley, MA 01464

Number of process to be served with this Form	<u>1</u>
Number of parties to be served in this case	<u>9</u>
Check for service on U.S.A.	<u>YES</u>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Greg McCann is The Director of Treatment at MCI Shirley Medium
(978) 425-4341

Signature of Attorney or other Originator requesting service on behalf of:

Derek Sincere Black Wolf Cryer
☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

N/A

DATE

8-20-05**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>38</u>	District to Serve No. <u>38</u>	Signature of Authorized USMS Deputy or Clerk <u>Derek Sincere Black Wolf Cryer</u>	Date <u>10/2/05</u>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Desiree Monico HR

Address (complete only if different than shown above)

☒ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service <u>10/26/05</u>	Time <u>1100</u> am
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Signature of U.S. Marshal or Deputy <u>Cynthia Baker</u>

Service Fee <u>45.00</u>	Total Mileage Charges (including endeavors)	Forwarding Fee <u>8.00</u>	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: had to return under 10/2/05

NOTE

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF <u>Derek Sincere Black Wolf Cryer</u>		COURT CASE NUMBER <u>1:05-cv-11289</u>
DEFENDANT <u>Tom Lavelle</u>		TYPE OF PROCESS <u>Service of Summons (Original)</u>
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Tom Lavelle, Department of Corrections</u>	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>MCI-Shirley Medium - Box 1218 Harvard Rd. - Shirley, MA. 01464</u>	
AT		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		
<input checked="" type="checkbox"/> <u>Derek Sincere Black Wolf Cryer</u> <u>MCI Shirley Medium</u> <u>P.O. Box 1218 - Harvard Road</u> <u>Shirley, MA. 01464</u>		Number of process to be served with this Form - 285 <u>1</u> Number of parties to be served in this case <u>9</u> Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Tom Lavelle is a Recreational Officer at MCI-Shirley Medium
(978) 425-4341

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

N/A

DATE

10.20.05**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>38</u>	District to Serve No. <u>38</u>	Signature of Authorized USMS Deputy or Clerk <u>Nancy Salameh</u>	Date <u>10/12/05</u>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Desiree Monrocco HA

Address (complete only if different than shown above)

☒ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service <u>10/14/05</u>	Time <u>11:00</u> am
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Signature of U.S. Marshal or Deputy
[Signature]

Service Fee <u>45.00</u>	Total Mileage Charges (including endeavors)	Forwarding Fee <u>8.05</u>	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: Forwarded to USMA Worcester 10/14/05 at**NOTE**